

PTO/SB/81 (09-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/612283
Filing Date	June 30, 2003
First Named Inventor	David J. Burton
Title	METHOD AND SYSTEM FOR CUSTOM SELECTION AND PACKAGING OF ITEMS TO FULFILL CUSTOMER ORDERS 3629
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	J103UB02US00

I hereby appoint:

 Practitioners associated with the Customer Number: _____

OR

 Practitioner(s) named below:

Name	Registration Number
Brandt, Jeffrey L	31,490

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number: _____

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Axiom Legal Solutions Inc.	
Address	c/o PortfolioIP		
Address	P.O. Box 52050		
City	Minneapolis	State	MN
Country	United States of America		
Telephone	203-438-1077	Fax	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Gloria MacDonald		
Signature			
Date	Dec 11, 2003	Telephone	416-482-8510

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/> *Total of 5 forms are submitted.
--

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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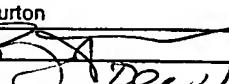
 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Axiom Legal Solutions Inc.			
Address	c/o PortfolioIP				
Address	P.O. Box 52050				
City	Minneapolis	State	MN	Zip	55402
Country	United States of America				
Telephone	203-438-1077	Fax			

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	David J. Burton		
Signature			
Date	Dec 11 2003	Telephone	416-752-8100

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 5 forms are submitted.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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Art Unit	
Examiner Name	Unknown
Attorney Docket Number	J103UB02US00

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Name	Registration Number
Brandt, Jeffrey L	31,490

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Address		P.O. Box 52050			
City	Minneapolis	State	MN	Zip	55402
Country	United States of America				
Telephone	203-438-1077	Fax			

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Edward J. Burton		
Signature			
Date	Dec 11 2003	Telephone	905-967-0213

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	Total of 5 forms are submitted.
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Art Unit	3629
Examiner Name	Unknown
Attorney Docket Number	J103UB02US00

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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Brendan W. Szemplinski
Signature	
Date	12/06/03
Telephone	203-595-8020

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 5 forms are submitted.

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Application Number	10/612283
Filing Date	June 30, 2003
First Named Inventor	David J. Burton
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Art Unit	3629
Examiner Name	Unknown
Attorney Docket Number	J103UB02US00

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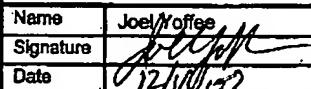
<input checked="" type="checkbox"/>	Firm or Individual Name	Axom Legal Solutions Inc.			
Address	c/o PortfolioIP				
Address	P.O. Box 52050				
City	Minneapolis	State	MN	Zip	55402
Country	United States of America				
Telephone	203-438-1077	Fax			

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Joel Moffee	Signature	
Date	12/11/03	Telephone	473-66552

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 5 forms are submitted.

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PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	J103UB02US00
First Named Inventor	David Burton
COMPLETE IF KNOWN	
Application Number	10/612283
Filing Date	June 30, 2003
Art Unit	3629
Examiner Name	Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR CUSTOM SELECTION AND PACKAGING OF ITEMS TO FULFILL CUSTOMER ORDERS

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 06/30/2003 as United States Application Number or PCT International

Application Number 10/612283 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below

Name Axiom Legal Solutions c/o PortfolioIP

Address P.O. Box 52050

City Minneapolis State MN ZIP 55402

Country US Telephone 203-438-1077 Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name David J. (first and middle [if any])	Family Name Burton or Surname
--	----------------------------------

Inventor's Signature 	Date DEC 11 2003
--	------------------

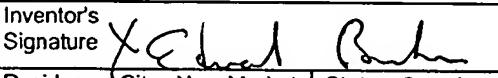
Residence: City Toronto State Ontario Country Canada Citizenship CA

Mailing Address 56 Barker Ave.

City Toronto	State Ontario	ZIP M4C 2N4	Country Canada
--------------	---------------	-------------	----------------

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Edward J. (first and middle [if any])	Family Name Burton or Surname
---	----------------------------------

Inventor's Signature 	Date Dec 11 2003
--	------------------

Residence: City New Market State Ontario Country Canada Citizenship CA

Mailing Address 389 Harewood Blvd.

City New Market	State Ontario	ZIP L3Y 6S5	Country Canada
-----------------	---------------	-------------	----------------

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.



PTO/SB/02A (08-03)

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gloria		MacDonald	
Inventor's Signature			Date <u>Dec 11 2003</u>
Residence: City Toronto	State Ontario	Country Canada	Citizenship CA
Mailing Address 41 Glencaim Ave.			
Mailing Address			
City Toronto	State Ontario	Zip M4R 1M6	Country Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Brendan W.		Szemplinski	
Inventor's Signature	Date		
Residence: City Stamford	State CT	Country US	Citizenship US
Mailing Address 178 Cedar Heights Rd.			
Mailing Address			
City Stamford	State CT	Zip 06905	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Joel		Yoffee	
Inventor's Signature	Date		
Residence: City Ringwood	State NJ	Country US	Citizenship US
Mailing Address 62 Finch Road			
Mailing Address			
City Ringwood	State NJ	Zip 07456	Country US

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Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

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First Named Inventor	David Burton
COMPLETE IF KNOWN	
Application Number	10/612283
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Art Unit	3629
Examiner Name	Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

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the specification of which

(Title of the Invention)

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OR

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Application Number 10/612283 and was amended on (MM/DD/YYYY) (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Address P.O. Box 52050

City Minneapolis	State MN	ZIP 55402
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Country US	Telephone 203-438-1077	Fax
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NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name David J. (first and middle [if any])	Family Name Burton or Surname

Inventor's Signature	Date
----------------------	------

Residence: City Toronto	State Ontario	Country Canada	Citizenship CA
-------------------------	---------------	----------------	----------------

Mailing Address 56 Barker Ave.

City Toronto	State Ontario	ZIP M4C 2N4	Country Canada
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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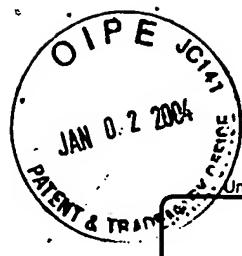
Inventor's Signature	Date
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Residence: City New Market	State Ontario	Country Canada	Citizenship CA
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Mailing Address 389 Harewood Blvd.

City New Market	State Ontario	ZIP L3Y 6S5	Country Canada
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<input checked="" type="checkbox"/>	Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.
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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gloria		MacDonald	
Inventor's Signature		Date	
Residence: City	Toronto	State	Ontario
Country	Canada	Citizenship	CA
Mailing Address 41 Glencairn Ave.			
Mailing Address			
City	Toronto	State	Ontario
Zip	M4R 1M6	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Brendan W.		Szemplinski	
Inventor's Signature		Date	12/4/03
Residence: City	Stamford	State	CT
Country	US	Citizenship	US
Mailing Address 178 Cedar Heights Rd.			
Mailing Address			
City	Stamford	State	CT
Zip	06905	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Joel		Yoffee	
Inventor's Signature		Date	12/4/03
Residence: City	Ringwood	State	NJ
Country	US	Citizenship	US
Mailing Address 62 Finch Road			
Mailing Address			
City	Ringwood	State	NJ
Zip	07456	Country	US

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